

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/539,649		Filing Date 15 June, 2005			<input type="checkbox"/> To be Mailed				
				Applicant(s) ODA ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/07/2007		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			canc	eled			51						
2			canc	eled			52						
3			canc	eled			53						
4			canc	eled			54						
5			canc	eled			55						
6			canc	eled			56						
7			1				57						
8				1			58						
9				2			59						
10				2			60						
11			canc	eled			61						
12			canc	eled			62						
13			canc	eled			63						
14			canc	eled			64						
15			canc	eled			65						
16			canc	eled			66						
17			canc	eled			67						
18				2			68						
19				2			69						
20				2			70						
21				2			71						
22				2			72						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			1				Total Indep						
Total Depend				41			Total Depend						
Total Claims				42			Total Claims						

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